

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L39381

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: WOLFF, HILL, MCFARLIN & HERRON, P.A.

**Current Principal Place of Business:**

1851 W COLONIAL DR  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

1851 W COLONIAL DR  
ORLANDO, FL 32804 US

**New Mailing Address:**

FEI Number: 59-2981982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOLFF, FRANK M  
1851 W COLONIAL DR  
ORLANDO, FL 32804

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HILL, PETER N.,  
Address: 837 MELLOWOOD AVE  
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete  
Name: WOLFF, FRANK M.,  
Address: 9652 WOODMONT PL  
City-St-Zip: WINDERMERE, FL 32786

Title: TD ( ) Delete  
Name: MCFARLIN, DAVID  
Address: 4600 OAK COVE LANE  
City-St-Zip: ORLANDO, FL 32806

Title: SD ( ) Delete  
Name: HERRON, KENNETH D JR.  
Address: 1413 OSCEOLA CT  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK M. WOLFF

VD

04/23/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date